

**SUBSTANCE ABUSE AND CRIME PREVENTION ACT (Prop 36)
COMMUNITY ASSESSMENT AND SERVICES CENTER
ASSESSMENT CENTER****INTAKE ASSESSMENT****CASE FILING**

		TRUE NAME	
COURT LOCATION - DIVISION/DEPARTMENT	COURT CASE NUMBER		COURT APPEARANCE DATE

CLIENT PERSONAL INFORMATION

BIRTH DATE	AGE	GENDER	MARITAL STATUS	ETHNICITY
SSN	CII NUMBER	PRIMARY LANGUAGE		NEEDS INTERPRETER YES ' NO '
HOMELESS? YES ' NO '	HOW LONG HOMELESS?	CURRENT ADDRESS		HOME PHONE ()

PROBATION/PAROLE INFORMATION

' ON PROBATION ' ON PAROLE	NUMBER OF VIOLATIONS	START DATE	END DATE
PROBATION OFFICER NAME	AREA OFFICE	TELEPHONE	
PAROLE OFFICER NAME	AREA OFFICE	TELEPHONE	

DRUG ABUSE INFORMATION

PRIMARY DRUG PROBLEM	
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ADDICTION SEVERITY INDEX SCORE

CASC RECOMMENDATION

LEVEL OF TREATMENT INDICATED	MODALITY
ACCEPT TREATMENT ' REFUSE TREATMENT '	
CLIENT REFUSES TO ACCEPT RECOMMENDATION; PREFERS TO RETURN TO COURT '	

RECOMMENDED TREATMENT PROVIDER

TREATMENT AGENCY NAME	CONTACT NAME
ADDRESS	TELEPHONE
TREATMENT APPOINTMENT DATE	KEPT APPOINTMENT YES ' NO '

COMMENTS***Treatment provider must notify Probation Officer whether client has begun treatment within 3 working days.***

REPORT PREPARED BY:	CASC:	TELEPHONE:	DATE:
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*SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE
SERVICES MATRIX
Revised JULY 2, 2002*

LEVEL I

ADMISSION CRITERIA	<p>Probation Risk Level: 0-14 * No prior violent felony or misdemeanor violent convictions</p> <p>Clinical ASI: Low Range * No Special Needs</p>
MINIMUM PROGRAM REQUIREMENTS	<p>Participation in Treatment: At least 120 days (18 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo.</p> <p>Tx Drug Tests: (18 wks @ 1/week) Random, observed All positive Drug Tests must be reported to the Court upon receipt of results</p> <p>Treatment: <u>Outpatient:</u> 18 weeks @ 3 hrs/week = 54 hours (min. 2 sessions per wk.) Combination of individual, group, education sessions</p> <p>NA/AA meetings: 36 mtgs @ 2/wk</p> <p>Probation Supervision: 36 months (Optional early termination at court's discretion)</p>
TREATMENT LEVEL ESCALATION MODIFICATION CRITERIA (Non-judicial)	<p>(3) positive Tx drug tests OR (3) missed Tx, sessions, OR (3) missed NA/AA meetings OR any combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any positive tests, along with other considerations, can trigger escalation to the next treatment level</p>
TREATMENT LEVEL MODIFICATION PROCEDURES	<p><u>IF probationer fails (3) Tx test OR (3) sessions/meetings OR combination within a 30-day period</u></p> <p>PROVIDER:</p> <ul style="list-style-type: none"> - Contacts DPO w/in 48 hours of latest incident - Conducts mandatory individual session w/probationer w/in 72 hrs. of incident to develop Level II Tx plan - Notify DPO and Court of immediate up – phasing to Level II
PROBATION ROLE	<ul style="list-style-type: none"> - Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test reports - Administer minimum quarterly/random PB drug test, increase frequency as necessary - Document and report to court all violations, and/or non-compliance, and/or changes in treatment level
COURT ROLE	<ul style="list-style-type: none"> - Document non-compliance - Monitor hearings as needed or requested by DPO - Review participant contests of movement to higher phase - Review/approve probation recommendation to retain in Level I treatment in lieu of automatic movement to Level II - Retain jurisdiction for 18 months - Review/approve probation recommendation for early termination/expungement - Conduct hearing if positive drug tests or treatment failures occur w/in (2) weeks of program completion
PROVIDER ROLE	<ul style="list-style-type: none"> - Provide Tx & admin. Tx tests - Monitor compliance and submit all mandatory reports to Probation/Court - Collaborate w/DPO re. Tx & Supervisory needs

LEVEL II

ADMISSION CRITERIA	Probation Risk Level: 15-29 * No prior violent felony convictions Clinical ASI: Mid Range
MINIMUM PROGRAM REQUIREMENTS	Participation in Treatment: At least 224 days (32 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo. Tx Drug Test: (32 @ 1/week = 32) Random, observed All positive Drug Tests must be reported to the Court upon receipt of results Treatment: <u>Intensive Outpatient:</u> 32 weeks @ 6 hours/week = 192 hours (Min. 3 sessions per wk.) <u>Intensive Day Care:</u> 24 weeks @ 3 hrs/3 days per wk. = 216 hrs. Combination of individual, group, education sessions NA/AA meetings: 128 meetings (32 wks @ 4/wk) Probation Supervision 36 months (Optional Early termination of Probation at court's discretion)
VIOLATION CRITERIA	(1) positive Probation drug test, OR (3) or more positive Tx drug test, OR (3) or more missed Tx sessions or (3) missed NA/AA meetings OR Combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any arrests, absconding, or willful violations of program requirements
	PROVIDER: - Submits violation/non-compliance report w/DPO w/in 48 hours of latest incident DPO: - Files court report and request for violation hearing w/in 72 hrs. COURT - Review/rule on Probation violation recommendation
PROBATION ROLE	- Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test repts - Random drug test during program - Administer minimum quarterly/random PB drug test, increase frequency as necessary - Document and report to court all violations and/or non-compliance
COURT ROLE	- Document non-compliance - Conduct status hearings as needed or requested by DPO - Review/approve probation recommendation for violation or determine Tx program modifications - Retain jurisdiction for 24 months - Review/approve probation recommendation for early termination/expungement - Conduct hearing if positive drug test or treatment failures occur w/in (2) weeks or program completion
PROVIDER ROLE	- Provide Tx & administer Tx test - Monitor compliance and submit all mandatory reports to Probation/Court - Collaborate w/DPO re. Tx & Supervisory needs

LEVEL III

ADMISSION CRITERIA	<p>Probation Risk Level: 30 +</p> <p>Clinical ASI: High Range</p>
MINIMUM PROGRAM REQUIREMENTS	<p>Participation in Treatment: At least 280 days (40 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo.</p> <p>Tx Drug Test: (8 weeks @ 2/weeks = 16) & (32 weeks @ 1/week = 32) Total tests 48 Random, Observed All positive Drug Tests must be reported to the Court upon receipt of results</p> <p>Treatment: <u>Intensive Outpatient:</u> 40 weeks @ 9 hours/week = 360 (min 5 sessions per wk) <u>Intensive Day Care:</u> 24 week @ 3 hrs/3 days per week = 216 hrs. <u>Residential:</u> no less than 30 or more than 180 days Combination of individual, group, education sessions</p> <p>NA/AA meetings: <u>Outpatient:</u> 200 meetings (40 wks @ 5/wks) <u>Day Care:</u> 120 meetings (24 weeks @ 5/wks) <u>Residential:</u> 104 meetings (26 weeks @ 4 wks)</p> <p>Probation Supervision: 36 months (Optional Early termination at court's discretion)</p>
VIOLATION CRITERIA	<p>(1) Positive Probation drug test, OR (3) or more positive Tx drug test, OR (3) or more missed Tx sessions OR (3) missed sessions/meetings OR Combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any arrest, absconding, or willful violations of program requirements</p>
VIOLATION PROCEDURES	<p>PROVIDER:</p> <ul style="list-style-type: none"> - Submits violation/non-compliance report with DPO w/in 48 hours of latest incident <p>DPO:</p> <ul style="list-style-type: none"> - Files court report and request for violation hearing w/in 72 hrs. <p>COURT:</p> <ul style="list-style-type: none"> - Review/rule on Probation violation recommendation
PROBATION ROLE	<ul style="list-style-type: none"> - Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test reports - Random drug test during program - Administer minimum quarterly/random PB drug tests, increase frequency as necessary - Document and report to court all violations and/or non-compliance
COURT ROLE	<ul style="list-style-type: none"> - Document non-compliance - Conduct status hearing as needed or requested by DPO - Review/approve probation recommendation for violation or determine Tx program modifications - Retain jurisdiction for 24 months - Review /approve probation recommendation for early termination/expungement - Conduct hearing if positive drug test or treatment failures occur within (2) weeks of program completion
PROVIDER ROLE	<ul style="list-style-type: none"> - Provide Tx & administer Tx test - Monitor compliance and submit all mandatory reports to Probation/courts - Collaborate w/DPO re. Tx & Supervisory needs

CONTINUING CARE

July 2002

Continuing care or aftercare, is the last stage of treatment, when the client no longer requires the intensive services offered during primary treatment. Continuing care can occur in a variety of settings, such as periodic outpatient meetings, relapse/recovery groups, self-help groups and halfway houses. Services may include relapse prevention, alumni activities and mentorship programs. Continuing care services shall be supervised follow-up.

In concurrence with the recommendation of the treatment provider, the Court may order participation in continuing care upon the successful completion of primary treatment services. Movement of the client into the continuing care stage shall only be made with the approval of the Court.

Continuing care services for Proposition 36 clients should include the following:

- Documented continuation of ancillary services in a continuing care plan that includes monthly progress reports to the Court (copy to Probation) for six months;
- Mandatory attendance at no less than three (3) 12-step/self-help meetings or support groups per week;
- Voluntary attendance at treatment provider alumni group meetings; and
- One face-to-face group contact per month with treatment provider to verify client participation.

If a Proposition 36 participant is in danger of relapse, the treatment provider shall make a recommendation to the Court to allow the participant to return to primary treatment services.

Upon successful completion of primary treatment and continuing care, the Court in concurrence with the treatment provider's recommendation, may order the treatment phase of Proposition 36 completed.

SUBSTANCE ABUSE AND CRIME PREVENTION ACT (Prop 36)
LOS ANGELES SUPERIOR COURT**TREATMENT AGENCY NAME****INITIAL TREATMENT PLAN****CASE FILING**

BOOKING NAME	TRUE NAME		
COURT LOCATION - DIVISION/DEPARTMENT	COURT CASE NUMBER	COURT APPEARANCE DATE	

TREATMENT INFORMATION

STAFF NAME	STAFF PHONE NUMBER	TREATMENT START DATE	TREATMENT LEVEL
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PROBATION/PAROLE INFORMATION

<input type="checkbox"/> ON PROBATION <input type="checkbox"/> ON PAROLE	NUMBER OF VIOLATIONS	START DATE	END DATE
PROBATION OFFICER NAME	AREA OFFICE	TELEPHONE	
PAROLE OFFICER NAME	AREA OFFICE	TELEPHONE	

I. TREATMENT MODALITY AND LEVEL OF CARE	<i>OUTPATIENT</i>	<i>LEVEL I</i>
	<i>RESIDENTIAL</i>	<i>LEVEL II</i>
	<i>DAY CARE REHABILITATIVE</i>	<i>LEVEL III</i>
	<i>NARCOTICS REPLACEMENT THERAPY</i>	
II. PRESENTING PROBLEMS		
III. GOALS AND OBJECTIVES		

SUBSTANCE ABUSE AND CRIME PREVENTION ACT (Prop 36)
LOS ANGELES SUPERIOR COURT**TREATMENT AGENCY NAME****PROGRESS REPORT****CASE FILING**

BOOKING NAME	TRUE NAME	
COURT LOCATION - DIVISION/DEPARTMENT	COURT CASE NUMBER	COURT APPEARANCE DATE

CLIENT INFORMATION

BIRTH DATE	AGE	GENDER	MARITAL STATUS	ETHNICITY
SSN	CII NUMBER	PRIMARY LANGUAGE	NEEDS INTERPRETER YES ' NO '	

TREATMENT INFORMATION

STAFF NAME	STAFF PHONE NUMBER	TREATMENT START DATE	TREATMENT LEVEL
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PROBATION/PAROLE INFORMATION

' ON PROBATION ' ON PAROLE	NUMBER OF VIOLATIONS	START DATE	END DATE
PROBATION OFFICER NAME	AREA OFFICE	TELEPHONE	
PAROLE OFFICER NAME	AREA OFFICE	TELEPHONE	

COUNSELING SESSIONS

	Date of Last Session	Sessions Attended Since Last Court Date	Number of Sessions Required	Cumulative
INDIVIDUAL SESSIONS				
GROUP SESSIONS				

MEETING ATTENDANCE

	Date of Last Meeting	Meetings Attended Since Last Court Date	Number of Meetings Required	Cumulative
Self-Help Meetings				

Last Drug Test Date

DRUG TEST RESULTS**TESTS CONDUCTED SINCE LAST COURT DATE****CUMULATIVE**

Number of Positive Tests		
Number of Negative Tests		
Number of Tests Missed/Refused		

COMMENTS AND RECOMMENDATIONS

REPORT PREPARED BY:	DATE
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